

Change of Information for Enrollment Entity (EE)



Call 1-800-279-5012 or email ee-caalaison@maximus.com with any questions.

SECTION 1	Enrollment Entity (EE) Data	
Complete required Entity information. Note: Signature of Authorized Contact Person is <u>required</u> for all updates.	Organization Name	EE # (5 digits)
	Authorized Contact	<u>Authorized Contact Signature</u>

Please check appropriate box(es) below to indicate information to be updated:

☐ Change the service location address to:

SECTION 2	Change Of Service Location Address		
Complete all fields in this section	Physical Business Address		Suite Number
	City	County	State/Zip

☐ Change the mailing address to:

SECTION 3	Change Of Mailing Address		
Complete all fields in this section	Mailing Address		Suite Number
	City	County	State/Zip

☐ Change the billing address to: (requires an updated W-9 Tax Form)

SECTION 4	Change Of Billing Address		
Complete all fields in this section	Billing Address		Suite Number
	City	County	State/Zip

☐ Change the business name to: (requires an updated W-9 Tax Form, tax number must remain the same if not, a new Invitation to Participate needs to be submitted)

SECTION 5	Change Of Business Name	
Complete all fields in this section	Business Name	

☐ Change the contact person(s):

SECTION 6	New Outreach Contact Person For Referrals		New Billing Contact Person	
Complete all appropriate fields in this section	New Contact Name		New Contact Name	
	Business Phone # ()	CAA Number	Billing Phone # ()	Billing Fax # ()
	E-mail Address		E-mail Address	

Mail to: Healthy Families Program, EE/CAA Liaison, 625 Coolidge Dr. Suite 100, Folsom, CA 95630
or fax to: (916) 673-4500 Attn: EE/CAA Liaison